SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X Agent Addressee B. Riceived/by (Printed Name) C. Date of Delivery
Article Addressed to:		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Goodyear Tire & Rubber Co c/o Its Highest Ranking Officer 1144 E. Market Street Akron, Ohio 44316		3. Septice Type
		☐ Certified Mall ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
07cv1064 540		4. Restricted Delivery? (Extra Fee) Yes
Article Number (Transfer from service label)	7003 3	110 0004 0800 3361
PS Form 3811, August 2001	Domestic Ret	rurn Receipt 102595-02-M-1540